

## AHCCCS Local Codes to HIPAA Compliant Codes Crosswalk

Current Code	Current Description	Proposed Code	Proposed Modifier(s)	Description	Modifier Description
W0100	MILEAGE-ALTCBS PROVIDERS OF HCBS SERVICES TO NATIVE AMERICANSON RE	A0160		NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WO	
W2100	NURSING SERVICES	T1002		RN SERVICES, UP TO 15 MINUTES	
W2101	OPIOID AGONIST ADMINISTRATION-OFFICE	H2010	HG	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	Opiod addiction treatment program
W2102	OPIOID AGONIST ADMINISTRATION-TAKE HOME	H0020	HG	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SER	Opiod addiction treatment program
W2151	HOME BASED INDIVIDUAL THERAPY/COUNSELING (1MBR TEAM, 15 MI	H0004		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	
W2152	FAMILY COUNSELING, OUT-OF-OFFICE TREATMENT DAY - RESIDENTIAL TREATMENT	H0004	HR or HS	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	Family/couple with client present or Family/couple without client present
W2205	FACILITY AGE LT 5 YRS	Delete		#N/A	
W2206	SERVICE DAY/AGE 0-20	Delete		#N/A	
W2300	OFFICE/CLINIC INDIVIDUAL THERAPY/COUNSELING (OTHER MENTAL HLTH	H0004	GT	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	Telecommunication
W2350	OFFICE/CLINIC FAMILY THERAPY/COUNSELING (OTHER MENTAL HEALTHPRACT	H0004	GT, HR or HS	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	Telecommunication, Family/couple with client present or Family/couple without client present
W2351	OFFICE/CLINIC GRP THERAPY/COUNSELING (OTHER MENTAL HEALTH PRACT	H0004	HQ	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	Goup setting
W2401	NURSING FAC OR RESDNTL CARE FAC BASED INDVDL THRPY/CNSLING PROV	Delete		#N/A	
W2403	NURSING FAC OR RESDNTL CARE FAC BASED GRP THRPY/CNSLING (PROVIDED	Delete		#N/A	
W2404	HOME RESPIRATORY THERAPY NON-MEDICARE CERTIFIED HHA	S5180		HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	
	#N/A	S5181		HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	
W2405	HOME RESPIRATORY THERAPY MEDICARE CERTIFIED HOME HLTH AGENCY	S5180		HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	
	#N/A	S5181		HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	
W2406	HOME RESPIRATORY THERAPY, RESPIRATORY THERAPIST (IND)	S5180		HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	
	#N/A	S5181		HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	

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W2600	INITIAL NUTRITIONAL ASSESSMENT (ALTCS)	S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	
W2601	ESTABLISHED PT NUTRITIONAL ASSESSMENT (ALTCS)	Delete		#N/A	
W3001	PRENATAL & POSTPARTUM CARE BY LICENSED MIDWIFE	99212		#N/A	
W3002	LABOR & DELIVERY (VAGINAL) BY LICENSED MIDWIFE	59400		#N/A	
W4001	ASSESSMENT GENERAL	H0031	GT	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	Telecommunication
W4002	ASSESSMENT REHABILITATIVE EMPLOYMENT SUPPORT	H0031	GT, HB	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	Telecommunication, Adult program non geriatric
W4003	SCREENING	H0002	GT	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION	Telecommunication
W4005	ASSESSMENT COMPREHENSIVE	H2000	GT	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	Telecommunication
W4006	LIVING SKILLS TRAINING-INDIVIDUAL	H2014		SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	
W4015	LIVING SKILLS TRAINING GROUP (PER PERSON)	H2014	HQ	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	Group setting
W4016	LIVING SKILLS TRAINING 3>HOURS EXTENDED	H2017		PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	
W4020	HEALTH PROMOTION (PER PERSON)	H0025		BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICE)	
	#N/A	H0034		MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	
W4030	PRE-JOB TRAINING EDUCATION AND DEVELOPMENT	H2027		PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	
W4031	JOB COACHING AND EMPLOYMENT SUPPORT	H2025		ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	
	#N/A	H2026		ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	
W4040	CASE MANAGEMENT - BEH HEALTH PROFESSIONAL - OFFICE	T1016	GT, HO	CASE MANAGEMENT, EACH 15 MINUTES	Telecommunication, Masters degree level
W4041	CASE MANAGEMENT-BEH HEALTH PROFESSIONAL - OUT-OF-OFFICE	T1016	GT, HO	CASE MANAGEMENT, EACH 15 MINUTES	Telecommunication, Masters degree level
W4042	CASE MANAGEMENT - BEH HEALTH TECHNICIAN-OFFICE	T1016	HN	CASE MANAGEMENT, EACH 15 MINUTES	Bachelors degree program
W4043	CASE MANAGEMENT - OUT-OF-OFFICE	T1016	HN	CASE MANAGEMENT, EACH 15 MINUTES	Bachelors degree program

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W4044	PERSONAL ASSISTANCE	T1019		PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR R	
W4045	PERSONAL ASSISTANCE-EXTENDED	T1020		PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDEN	
W4046	FAMILY SUPPORT	S5110		HOME CARE TRAINING, FAMILY; PER 15 MINUTES	
W4047	PEER SUPPORT	H0038		SELF-HELP/PEER SERVICES, PER 15 MINUTES	
W4048	PEER SUPPORT-EXTENDED	H2016		COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	
W4049	PEER SUPPORT GROUP (PER PERSON)	H0038	HQ	SELF-HELP/PEER SERVICES, PER 15 MINUTES	Group setting
W4050	THERAPEUTIC FOSTER CARE	S5140		FOSTER CARE, ADULT; PER DIEM	
	#N/A	S5145		FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	
W4051	LEVEL II BEHAVIORAL HEALTH RESIDENTIAL	H0018		BEHAVIORAL HEALTH; SHORT- TERM RESIDENTIAL (NON- HOSPITAL RESIDENTI	
W4052	LEVEL III BEHAVIORAL HEALTH RESIDENTIAL	H0019		BEHAVIORAL HEALTH; LONG- TERM RESIDENTIAL (NON- MEDIAL, NON-ACUTE C	
W4060	CRISIS INTERVENTION-URGENT(UP TO 5 HOURS)	S9484		CRISIS INTERVENTION MENTAL HEALTH SERVICE, PER HOUR	
W4061	CRISIS INTERVENTION-URGENT(5 THROUGH 23 HOURS)	S9485		CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	
W4062	CRISIS INTERVENTION MOBIL 1 PERSON	H2011		CRISIS INTERVENTION SERVICE, PER 15 MINUTES	
W4063	CRISIS INTERVENTION MOBIL TEAM 2 PERSON	H2011	HT	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	Multi-disciplinary team
W4070	BEHAVIORAL HEALTH DAY PROGRAM-SUPERVISED	Delete		#N/A	
W4071	BEHAVIORAL HEALTH DAY PROGRAM- SUPERVISED(MIN OF 3 HRS < THAN6 HOU	H2012		BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	
W4072	BEHAVIORAL HEALTH DAY PROGRAM SUPERVISED (6 HOURS OR MORE)	H2015		COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	
W4073	BEHAVIORAL HEALTH DAY PROGRAM- THERAPEUTIC	H2019		THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	
W4074	BEHAVIORAL HEALTH DAY PROGRAM- THERAPEUTIC (MIN 3 HRS AND LESS	H2019	TF	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	Intermediate level of care
W4075	BEHAVIORAL HEALTH DAY PROGRAM- THERAPEUTIC (6 HOURS OR MORE)	H2020		THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	
W4076	BEHAVIORAL HEALTH DAY PROGRAM- THERAPEUTIC	Delete		#N/A	

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W4077	BEHAVIORAL HEALTH DAY PROGRAM-THERAPEUTIC (MIN 3 HRS LESS THAN	H2019	TF	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	Intermediate level of care
W4078	BEHAVIORAL HEALTH DAY PROGRAM-THERAPEUTIC (6 HOURS OR MORE)	H2020		THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	
W4079	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL	H0036		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15	
W4080	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL (MIN 3 HRS < 6 HRS	H0036	TF	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15	Intermediate level of care
W4081	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL (6 HOURS OR MORE)	H0037		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	
W4082	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL	H0036		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15	
W4083	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL (MIN 3 HRS LESS THAN 6)	H0036	TF	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15	Intermediate level of care
W4084	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL (6 HOURS OR MORE)	H0037		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	
Y4550	HOME UTERINE MONITORING	S9208		HOME MANAGEMENT OF PRETERM LABOR, PER DIEM	
Y4552	EMERGENCY ALERT SYSTEM: EQUIPMENT	S5160		EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	
Y4553	EMERGENCY ALERT SYSTEM: SERVICE/MAINTENANCE FEE	S5161		EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH(EXCLUDES INSTAL	
Z2999	SPECIAL TRANSPORT	A0999		UNLISTED AMBULANCE SERVICE	
Z3000	ADULT DAY HEALTH SERVICES; PER HOUR	S5100		DAY CARE SERVICE, ADULT; PER 15 MINUTES	
	#N/A	S5101		DAY CARE SERVICES, ADULT; PER HALF DAY	
	#N/A	S5102		DAY CARE SERVICES, ADULT; PER DIEM	
Z3001	ADULT CARE HOME (ACH 1)	T2031		ASSISTED LIVING, WAIVER; PER DIEM	
Z3002	ADULT CARE HOME (ACH2)	T2031	TF	ASSISTED LIVING, WAIVER; PER DIEM	Intermediate level of care
Z3003	ADULT FOSTER CARE 1	S5140		FOSTER CARE, ADULT; PER DIEM	
Z3004	ADULT FOSTER CARE (2)	S5140	TF	FOSTER CARE, ADULT; PER DIEM	Intermediate level of care
Z3005	ADULT FOSTER CARE (3)	S5140	TG	FOSTER CARE, ADULT; PER DIEM	Complex/high level of care

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Z3006	UNCLASSIFIED HEALTH CARE FACILITY FOR THE TREATMENT OF BRAININJUR	Delete		#N/A	
Z3007	UNCLASSIFIED HEALTH CARE FACILITY FOR THE TREATMENT OF BRAININJUR	Delete		#N/A	
Z3008	UNCLASSIFIED HEALTH CARE FACILITY FOR THE TREATMENT OF BRAININJUR	Delete		#N/A	
Z3010	HOME DELIVERED MEAL; PER MEAL	S5170		HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	
Z3020	HOME HEALTH AIDE; PER VISIT	T1021		HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	
Z3030	RN & LPN (CERT HHA) INTERMITTENT VISIT; PER HOUR	S9123		NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR	
Z3031	RN (NON CERT HHA) INTERMITTENT VISIT; PER HOUR	S9123		NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR	
Z3032	RN (NON-CERT) CONTINUOUS VISIT; PER HOUR	Delete		#N/A	
Z3033	RN (HH NURSE/INDEPENDENT) INTERMITTENT VISIT; PER HOUR	S9123		NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR	
Z3034	RN (HH NURSE/INDEPENDENT) CONTINUOUS VISIT; PER HOUR	Delete		#N/A	
Z3035	LPN (HH NURSE/INDEPENDENT) INTERMITTENT VISIT; PER HOUR	Delete		#N/A	
Z3036	LPN (HH NURSE/INDEPENDENT) CONTINUOUS VISIT; PER HOUR	Delete		#N/A	
Z3037	LPN (NON-CERT HHA) INTERMITTENT VISIT; PER HOUR	Delete		#N/A	
Z3038	LPN (NON-CERT HHA) CONTINUOUS VISIT; PER HOUR	S9124	TG	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Complex/high level of care
Z3039	RN & LPN (CERT HHA) CONTINUOUS CARE PER HOUR	S9123	TG	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR	Complex/high level of care
Z3040	HOMEMAKER; PER HOUR	S5130		HOMEMAKER SERVICES, NOS; PER 15 MINUTES	
Z3060	SHORT TERM IN-HOME RESPITE CARE; PER HOUR	S5150		UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	
Z3061	GROUP RESPITE CARE; PER HOUR	S5150	HQ	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	Goup setting
Z3070	CONTINUOUS IN-HOME RESPITE CARE; PER 24 HRS	S5151		UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	
Z3080	NON-FAMILY ATTENDANT CARE; PER HOUR	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	
Z3081	ENERGY ASSISTANCE	Delete		#N/A	

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Z3082	HOME MAINTENANCE SERVICE	S5165		HOME MODIFICATIONS; PER SERVICE	
Z3083	OTHER APPROVED SERVICE	Delete		#N/A	
Z3084	SUPPORTIVE EMPLOYMENT SERVICE	T2019		HABILITATION, SUPPORTED EMPLOYMENT, WAIVER, PER 15 MINUTES	
	#N/A	T2018		HABILITATION, SUPPORTED EMPLOYMENT, WAIVER, PER DIEM	
Z3090	ALTERNATIVE COMMUNICATION TRAINING	Delete		#N/A	
Z3100	HOME MANAGEMENT TRAINING	Delete		#N/A	
Z3110	ORIENTATION AND MOBILITY TRAINING	Delete		#N/A	
Z3120	PERSONAL LIVING SKILLS TRAINING	Delete		#N/A	
Z3125	ALZHEIMER PROJ-LEVEL 1	T2033	U1	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	Alzheimer Pilot
Z3126	ALZHEIMER PROJ-LEVEL 2	Delete		#N/A	
Z3127	ALZHEIMER PROJ-LEVEL 3	Delete		#N/A	
Z3130	DEVELOPMENTAL DISABILITIES DAY CARE	Delete		#N/A	
Z3131	REHABILITATION INSTRUCTIONS	Delete		#N/A	
Z3132	DAY TREATMENT AND TRAINING	T2021		DAY HABILITATION, WAIVER, PER 15 MINUTES	
Z3133	HABILITATION GROUP OF SERVICES-(DES)	T2016		HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	
Z3134	HABILITATION GROUP OF SERVICES - DES, UNIT EQUALS ONE HOUR	T2017		HABILITATION, RESIDENTIAL, WAIVER, PER 15 MINUTES	
Z3135	LEVEL I BEHAVIORAL HEALTH (1 OR "M")	Delete		#N/A	
Z3136	LEVEL I BEHAVIORAL HEALTH (2)	Delete		#N/A	
Z3137	LEVEL I BEHAVIORAL HEALTH (3)	Delete		#N/A	
Z3138	LEVEL II BEHAVIORAL HEALTH (1 OR "M")	H0018	TF	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL)	Intermediate level of care
Z3139	LEVEL II BEHAVIORAL HEALTH (2)	H0018	TG	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL)	Complex/high level of care
Z3140	LEVEL II BEHAVIORAL HEALTH (3)	Delete		#N/A	
Z3141	LEVEL III BEHAVIORAL HEALTH (1 OR "M")	Delete		#N/A	
Z3142	LEVEL III BEHAVIORAL HEALTH (2)	Delete		#N/A	
Z3143	LEVEL III BEHAVIORAL HEALTH (3)	Delete		#N/A	

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Z3144	DDD GROUP HOMES (1 OR "M")	T2016		HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	
Z3145	DDD GROUP HOME (2)	T2016	TF	HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	Intermediate level of care
Z3146	DDD GROUP HOME (3)	T2016	TG	HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	Complex/high level of care
Z3150	ROUTINE HOME CARE	Delete		#N/A	
Z3160	CONTINUOUS HOME CARE	Delete		#N/A	
Z3465	LARK PER DIEM	Delete		#N/A	
Z3470	IV ANTIBIOTIC THERAPY	S9379		HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED	
Z3495	HOME IV THERAPY SERVICES	Delete		#N/A	
Z3610	PRIVATE VEHICLE	A0090		NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDI	
Z3620	URBAN NON-EMERGENCY TRANSPORT COACH VAN	S0215		NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	
Z3621	AMBULATORY VAN, URBAN BASE RATE	A0120		NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS,	
Z3643	RURAL, NON-EMERGENCY TRANSP. COACH VAN	S0215	TN	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	Rural
Z3644	RURAL, WHEELCHAIR VAN, BASE RATE	A0130	TN	URBAN WHEELCHAIR VAN, BASE	Rural
Z3645	RURAL, WHEELCHAIR VAN, PER MILE	S0209	TN	WHEELCHAIR VAN, MILEAGE, PER MILE	Rural
Z3646	RURAL, STRETCHER VAN, BASE RATE	T2005	TN	NON-EMERGENCY TRANSPORTATION; NON- AMBULATORY STRETCHER VAN	Rural
Z3647	RURAL, STRETCHER VAN, PER MILE	A0425	TN	GROUND MILEAGE, PER STATUTE MILE	Rural
Z3648	AMBULATORY VAN, RURAL BASE RATE	A0120	TN	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS,	Rural
Z3701	OXYGEN; NON-AMBULANCE	Delete		#N/A	

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Z3655	NONCOVERED GROUND AMBULANCE MILEAGE, PER MILE (E.G., FOR MLSTRAVE	A0888		NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED	
		A0888		NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED	
Z3660	MATERNAL/NEONATE TRANS TEAM - GROUND AMB/TRIP	A0225		AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANS	
Z3715	HELICOPTER TAXI - NON EMERGENCY	T2003		NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	
Z3716	NON-AMBULANCE/NON-EMERGENCY AIR TRANSPORT PER MILE	A0435		FIXED WING AIR MILEAGE, PER STATUTE MILE	
Z3717	NON-AMBULANCE WAITING TIME (PER HALF HOUR)	T2007		TRANSPORTATION WAITING TIME, AIR AMBULANCE AND NON-EMERGENCY VEH	
Z3718	SUPPORTIVE RESIDENTIAL LIVING 1 - BUNDLED RATE	T2033		RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	
Z3719	SUPPORTIVE RESIDENTIAL LIVING 2 - BUNDLED RATE	T2033	TF	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	Intermediate level of care
Z3720	SUPPORTIVE RESIDENTIAL LIVING 3 - BUNDLED RATE	T2033	TG	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	Complex/high level of care
Z3721	URBAN STRETCHER VAN-BASE	T2005		#N/A	
Z3723	URBAN WHEELCHAIR VAN, MILEAGE	S0209		#N/A	
Z3725	FAMILY ATTENDANT CARE; PER HOUR	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	
Z3800	MEDICAL FOODS	S9435		MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	
VA	#N/A		SL	#N/A	State supplied vaccine
T1	#N/A	Not trimester		#N/A	
T2	#N/A	Not trimester		#N/A	
T3	#N/A	Not trimester		#N/A	
2X	#N/A		X		Value 'X' in CR103 837P transaction

### MIPS CODES

W2300	OFFICE/CLINIC INDIVIDUAL THERAPY/COUNSELING (OTHER MENTAL HLTH	H0004	GT	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	Telecommunication
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## AHCCCS Local Codes to HIPAA Compliant Codes Crosswalk

W2350	OFFICE/CLINIC FAMILY THERAPY/COUNSELING (OTHER MENTAL HEALTH PRACT	H0004	GT, HR or HS	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	Telecommunication, Family/couple with client present or Family/couple without client present
W2351	OFFICE/CLINIC GRP THERAPY/COUNSELING (OTHER MENTAL HEALTH PRACT	H0004	HQ	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	Group setting
W4001	ASSESSMENT GENERAL	H0031		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	
W4005	ASSESSMENT COMPREHENSIVE	H2000		COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	
Z3330	NON-FAMILY ATTENDANT CARE 1 HOUR PER DAY MIPS	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	
Z3331	NON-FAMILY ATTENDANT CARE 3 HOURS PER DAY MIPS	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	
Z3332	NON-FAMILY ATTENDANT CARE 6 HOURS PER DAY MIPS	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	
Z3340	DAILY TRANSPORTATION < 10 MILES AMBULATORY VEHICLE	A0120		NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS,	
		S0215		NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	
		A0120	TN	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS,	Rural
		S0215	TN	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	Rural
Z3341	DAILY TRANSPORTATION 11-20 MILES AMBULATORY VEHICLE	Delete		#N/A	
Z3342	DAILY TRANSPORTATION 21-30 MILES AMBULATORY VEHICLE	Delete		#N/A	
Z3343	DAILY TRANSPORTATION 31+ MILES AMBULATORY VEHICLE	Delete		#N/A	
Z3344	DAILY TRANSPORTATION < 10 MILES WHEELCHAIR VEHICLE	A0130		URBAN WHEELCHAIR VAN, BASE	
		S0209		WHEELCHAIR VAN, MILEAGE, PER MILE	
		A0130	TN	URBAN WHEELCHAIR VAN, BASE	Rural
		S0209	TN	WHEELCHAIR VAN, MILEAGE, PER MILE	Rural
Z3345	DAILY TRANSPORT 11-20 MILES WHEELCHAIR VEHICLE	Delete		#N/A	

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Z3346	DAILY TRANSPORT 21-30 MILES WHEELCHAIR VEHICLE	Delete		#N/A
Z3347	DAILY TRANSPORT 31+ MILES WHEELCHAIR VEHICLE	Delete		#N/A
Z3350	RN: 15 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK	T1002		RN SERVICES, UP TO 15 MINUTES
Z3351	RN: 30 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK	Delete		#N/A
Z3352	RN: 45 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK	Delete		#N/A
Z3353	RN: 60 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK	Delete		#N/A
Z3360	LPN: 15 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK	T1003		LPN/LVN SERVICES, UP TO 15 MINUTES
Z3361	LPN: 30 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK	Delete		#N/A
Z3362	LPN: 45 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK	Delete		#N/A
Z3363	LPN: 60 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK	Delete		#N/A

### IHS CODES

00090	IHS AMBULATORY SURGERY CENTER I	UB revenue code	#N/A
00091	IHS AMBULATORY SURGERY CENTER II	UB revenue code	#N/A
00092	IHS AMBULATORY SURGERY CENTER III	UB revenue code	#N/A
00093	IHS AMBULATORY SURGERY CENTER IV	UB revenue code	#N/A
00094	IHS AMBULATORY SURGERY CENTER V	UB revenue code	#N/A
00095	IHS AMBULATORY SURGERY CENTER VI	UB revenue code	#N/A
00096	IHS AMBULATORY SURGERY CENTER VII	UB revenue code	#N/A
00097	IHS AMBULATORY SURGERY CENTER VIII	UB revenue code	#N/A
00098	IHS AMBULATORY SURGERY CENTER IX	UB revenue code	#N/A
00099	IHS-OUTPATIENT REIMBURSEMENT RATE	UB revenue code	#N/A

### NEW CODES

E1399	DME Miscellaneous	S9209	HOME MANAGEMENT OF PRETERM RUPTURE OF MEMBRANES
E1399	DME Miscellaneous	S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION
E1399	DME Miscellaneous	S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES
E1399	DME Miscellaneous	S9212	HOME MANAGMEENT POST PARTUM HYPERTENSION
E1399	DME Miscellaneous	S9213	HOME MANAGEMENT PREECLAMPSIA
NA		S5135	COMPANION CARE, ADULT PER 15 MINUTES

## AHCCCS Local Codes to HIPAA Compliant Codes Crosswalk

NA	S5136	COMPANION CARE, ADULT, PER DIEM
NA	T2020	DAY HABILITATION, WAIVER, PER DIEM

### MODIFIERS

GT	Telecommunication
HB	Adult program, non geriatric
HG	Opiod addiction treatment program
HN	Bachelors degree program
HO	Masters degree level
HQ	Goup setting
HR	Family/couple with client present
HS	Family/couple without client present
HT	Multi-disciplinary team
SL	State supplied vaccine
TF	Intermediate level of care
TG	Complex/high level of care
TN	Rural
U1	Alzheimer Pilot